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## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
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34228 7590 10/02/2006

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

April D. Kaplan (Depositor's name)  
*April D. Kaplan* (Signature)  
December 18, 2006 (Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/698,334	10/31/2003	Ari Moskowitz	151P11699US01	9684

TITLE OF INVENTION: APPARATUS AND METHOD FOR RETROGRADE PLACEMENT OF SAGITTAL SINUS DRAINAGE CATHETER

AFFLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	DATE PAID	AMOUNT PAID	DATE PAID	AMOUNT PAID
nonprovisional	NO	\$1400	\$300	\$0	01 FC:1500	\$1700	1400.00	DA 10/02/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS					
BIANCO, PATRICIA		3761	604-523000					

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THIS PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Medtronic, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Minneapolis, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies 2

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0549 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*William D. Bauer*

Date December 18, 2006

Typed or printed name William D. Bauer

Registration No. 28,052

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PATENT

**FACSIMILE TRANSMITTAL LETTER**

Attorney Docket No.	Serial No.
151P11699US01	10/698,334

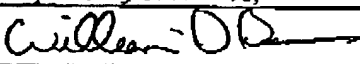
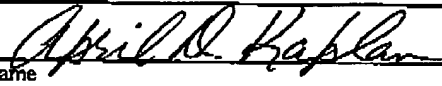
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TOTAL NO. OF PAGES: 3  
Sent to Facsimile No.: 571-273-8300  
Examiner Phone No.: 571-272-4940

In re Application of:	Ari Moskowitz		
Serial No.:	10/698,334	Examiner:	Bianco, Patricia
Confirmation No.:	9684	Art Unit:	3761
Filed:	October 31, 2003		
For:	APPARATUS & METHOD FOR RETROGRADE PLACEMENT OF SAGGITAL SINUS DRAINAGE CATHETER		
We are transmitting the following documents:			
Facsimile Transmittal Letter [1 page]			
Part B - Fee Transmittal [1 page]			
Fee Address Indication Form [1 page]			

Please charge Deposit Account 50-0549 for any fees under 37 CFR §1.16 and §1.17 that may be required during the pendency of this application. This authorization includes the fee for any extension of time under 37 CFR §1.136(a) that may be necessary. To the extent any such extension should become necessary it is hereby requested.

Respectfully submitted,

Registration No. 28,052	Direct Dial 612-331-7405	
Date: December 18, 2006		William D. Bauer
United States Patent and Trademark Office Customer No. 54228		
Certificate of Facsimile Transmission		
Pursuant to 37 CFR 1.8, I certify that this correspondence is being sent to the telephone number shown below, addressed to: MS: Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the below indicated date.		
To Facsimile Number 571-273-8300	Signature 	
Date December 18, 2006	Printed Name April D. Kaplan	
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